BRITISH HOME STORY ASSOCIATION

The Chairman & Members of the Urban District Council Cramlington

Annual Report

1894

Gentlemen,

In compliance with the requirements of the Local Government Board, I have great pleasure in presenting you with my Annual Report as Medical Officer of Health for the year 1894.

Death Rate. During the year 83 deaths have taken place in the district from all causes, 43 Males & 40 Females. Estimating the population at 6000 this number of deaths gives a total mortality for the year at the rate of 13.83 per thousand of the population. In 1893 the total mortality was at the rate of 22.5 per thousand and during 1892 a deathrate of 21.3 per thousand of the population existed.

This is a very satisfactory state of affairs and shews a diminution of the mortality of no less than 8.13 from the previous two years and reduces the average deathrate of the last three years to 19.2 per thousand per annum. —

Birth Rate The Births which have occurred during the year number 195, and

shews a total birthrate of 32.5 per thousand of the estimated population. During the year 1893 a rate of 44.8 obtained and in 1892 the births were at the rate of 38.5 per thousand of the population. There is thus seen to be a considerable reduction of the birthrate for the year 1894 below that of the two previous years. The average however for the last three years is at the rate of 38.61 per thousand of the population per annum.

The various deaths which occurred during the year at all ages were attributed to the following causes:-

Bronchitis, Pneumonia & Pleurisy	= 21
Phthisis	= 9
Heart Disease	= 10
Debility from Birth	= 13
Diarrhoea	= 4
Erysipelas	= 2
Puerperal Fever	= 1
Injuries	= 4
Other Causes	= 19
Total	= 83

The different ages at which these deaths took place were as follows:-

Under 1 year	1 & under 5	5 & under 15	15 & under 25	25 & under 60	60 upwards
31	8	6	7	19	12

The numbers of deaths ascribed to the different localities in the district were:-
Shaukhouse = 15. Cramlington Village = 15. East Cramlington = 21. High Pit Terrace Row & South Cramlington = 20 West Cramlington = 12.

The deaths as they occurred during the respective months, quarters & half years were:-

	Jan	Feb.	Mar.	Ap.	May	June	July	Aug.	Sep	Oct	Nov.	Dec
Months	4	7	9	8	13	11	6	6	6	4	4	5
Quarters		20			32			18			13	
Half Years			52						31			

Infant Mortality:- The number of deaths which took place under 5 years of age was 39, which gives a total infant-mortality of 6.5 per thousand of the population per annum. This is a very satisfactory condition as compared with 1893 when the infant death rate was 12.66 and in 1892 it was equal to 8.8 per thousand.
The average infant mortality for the last three years is thus seen to be at the rate of 9.32 per thousand of the total population per annum

Upon analysing these 39 deaths it is found that of these 15 died under one month, 8 died under 12 months and 8 did not survive 5 years.

These deaths were attributed to the following causes viz:-
Debility from Birth caused 13 deaths
Convulsions &c caused 5 deaths
Tabes Mesenterica caused 2 deaths
Heart Disease caused 1 death
Diarrhoea caused 4 deaths
Bronchitis & Pneumonia caused 10 deaths
& other causes resulted in 4 deaths.

Zymotic Diseases:-

The only forms of Zymotic disease which have come under notice during the year were Scarlet Fever, Whooping Cough, Erysipelas and Diarrhoea.

Scarlet Fever:-

This disease appeared in a mild form at West Cramlington during the Autumn months when 5 or 6 cases occurred. The disease was probably introduced from the neighbouring Colliery of Burradon where it prevailed of a severe type at this time.

Two very mild cases of the disease also came under notice at Shankhouse.

No other cases occurred in the district and no deaths took place at either locality.
Every precaution was taken by means of disinfectants &c. to prevent spreading.

Whooping Cough:-
This disease appeared at East Cramlington in the month of October and four cases of a pretty severe type came under notice. Six cases also occurred at High Pit and were also of a severe character. No deaths resulted during the year from these outbreaks.

Diarrhoea:-
This disease assumed a very mild form during the summer months. In all 20 cases were observed and 4 deaths resulted in infants, 3 of whom were under 12 months of age.
These deaths occurred in May July August & September.
The disease was neither so prevalent severe or fatal as in former years.

Erysipelas:-
Two deaths were attributed to Erysipelas, one being in a

very young infant and the other in an aged female who suffered from an ulcerated leg of long standing in which the disease originated.
The disease in the infant had also its origin in traumatic causes arising from a congenital defect.
Other three cases of the disease came under notice which did not prove fatal.

Zymotic Mortality:—

In all six deaths are thus ascribed to zymotic causes, giving a mortality from this cause at the rate of one per thousand of the population per annum. In 1893 a rate of 2.3 existed and in 1892 a mortality at the rate of 1.5 obtained, making an average for the last 3 years of only 1.6 per thousand which is a most satisfactory condition of things when we consider the population of the district.

Sanitary Work:—

This important section of the Board's work has been on the whole very well looked after during the year, and the fact of the almost entire absence of epidemic disease which is so frequent

attributable to sanitary defects shews that the mortality of the district is in no way affected by such a cause. On every occasion on which I have had to call the attention of the Inspector of Nuisances to any unsanitary condition it has been remedied before any untoward consequences occurred.

Water Supply:- This has been satisfactory during the year, more especially the section of the district supplied from the mains of the Newcastle & Gateshead Water Company.

As it is the intention of the Board to extend the supply from the Newcastle & Gateshead Company's pipes to South Cramlington I hope the work will be proceeded with as soon as possible in order that the whole district may soon be supplied from this source.

I have had no complaints regarding the supply to the other parts of the district from Shankhouse mine but that it is somewhat irregular especially on Saturdays & Sundays. This I need not say should be as far as possible

avoided and a sufficient quantity supplied regularly to the inhabitants until the entire district is supplied with the Newcastle & Gateshead Company's water which would be a much more satisfactory state of affairs.

The Hospital at High Pit is still kept in a way which renders it available for the reception of patients on a very short notice should necessity arise. No cases have been treated in it during the year.

Inspection of the District.— I have frequently made inspection of the whole district during the year and from month to month reported the results to the Board or communicated with the Inspector of Nuisances when necessary.

I have on this occasion very great pleasure in presenting the Council with this most favourable Report on the health and Sanitary conditions which have existed during the year 1894. I would more especially congratulate the members upon acceding to office under the new Act with

such a satisfactory state of things existing as a general mortality of 13.83 per thousand which is the lowest which has ever existed in the district, at least since it has been my privilege to hold the office of Medical Officer of Health, and is indeed a most exceptionally low mortality for such a district as this. The infant-death-rate of 6.5 per thousand is also the lowest I have known for many years, and this along with an almost entire absence of epidemic disease from the district during a whole year, is a matter for congratulation and will, I hope give the Council an incentive not only to maintain but if possible to still further improve upon this excellent condition of things.

The usual Schedules as required by the Local Government Board are appended to this Report.

I am, Gentlemen
Your Obedient Servant

P. Ruderfor M.D.
Medical Officer of Health

Station Delaval
February 4th 1895.

TABLE OF DEATHS during the Year 1894, in the Wrawlington Urban District.

classified according to DISEASES, AGES, and LOCALITIES.

...of Localities adopted for the ...se of these Statistics; public ...tions being shown as separate ...ies. (See note 4 on back of sheet.) ...nns for Population and Births are in Table B.) (a)	Mortality from all causes, at subjoined Ages. At all ages. (b)	Under 1 year. (c)	1 and under 5. (d)	5 and under 15. (e)	15 and under 25. (f)	25 and under 65. (g)	65 and upwards. (h)	(i)	1 Smallpox.	2 Scarlatina.	3 Diphtheria.	4 Membranous Croup.	5 Fevers. Typhus.	6 Enteric or Typhoid.	7 Continued	8 Relapsing	9 Puerperal.	10 Cholera.	11 Erysipelas.	12 Measles.	13 Whooping Cough.	14 Diarrhœa and Dysentery	15 Rheumatic Fever.	16 Ague.	17 Phthisis.	18 Bronchitis, Pneumonia, and Pleurisy.	19 Heart Disease.	20 Injuries.	21 All Other Diseases.	22 Total.
Wrawlington	83	31	8	6	7	19	12	Under 5											1			4			1	11	1	1	20	39
								5 upwds.									1		1						8	10	9	3	12	44
Ht.								Under 5																						
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Totals	83	31	8	6	7	19	12	Under 5											1			4			1	11	1	1	20	39
								5 upwds.									1		1						8	10	9	3	12	44

The subjoined numbers have also to be taken into account in judging of the above records of mortality. *See Note 5 on back.*

...s occurring outside the district ...ng persons belonging thereto.								Under 5																						
								5 upwds.																						
...s occurring within the district ...ng persons not belonging thereto.								Under 5																						
								5 upwds.																						

NOTES ON TABLES A AND B.

NOTE 1. *Medical Officers of Health of "Combined Districts" must make a separate Return for the District of each District Council.*

2. *Medical Officers of Health acting for a portion only of the District of a District Council should write, in the heading of the Table, the designation of the Division for which they act.*

3. *The words "Urban," "Rural," or "Metropolitan" must be inserted in the appropriate space in the heading, according as the District is Urban or Rural, or is within the Metropolitan Area.*

4. The "*Localities*" adopted for the purpose of these statistics should be areas of known population; such as parishes, groups of parishes, townships or wards.

As stated at the head of the first column in each Table, *Public Institutions* should be regarded as separate localities, and the deaths in them should be separately recorded. Workhouses, Hospitals, Infirmaries, Asylums, and other establishments into which numbers of people, and especially of sick people, are received are Public Institutions for the purpose of these statistics.

5. *The deaths which have to be classified in this Table* (A), and summed up in the horizontal line of "Totals," are the whole of those *registered* as having actually occurred in the several localities comprised within the Division or District. But the registered number of deaths frequently requires correction before it can give an exact view of the mortality of a Division or District; and the two lowest horizontal lines are provided for the purpose of enabling Medical Officers of Health to indicate, to the best of their ability, what the extent of such corrections should be. Details concerning the corrective figures, *e.g.*, the institutions that have been considered, or the particular localities to which corrections apply, may appear in the text of the report or in supplementary tables.

Area and Population of the District or Division to which this Return relates.

Area in Acres 3583

Population (1891) 5967

Death Rates. General 13·83 per 1,000 Population.

Death Rates. Infant 200 per 1,000 Births Registered.

In recording the facts under the various headings of Tables A and B, attention has been given to the notes endorsed on the Tables.

G. Old Anderson L.R.C.P. *Medical Officer of Health.*

(Date) February 4th, 1895.

W B D (555u)—46202—10500-12-94

TABLE OF **POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS,** *coming to the knowledge of the Medical Officer of Health, during the year* 1894, *in the* Cramlington *Urban District; classified according to* DISEASES, AGES *and* LOCALITIES.

ES OF LOCALITIES adopted purpose of these Statistics; Institutions being shown rate localities. (Note 2 on back of sheet.) (a.)	POPULATION AT ALL AGES. Census 1891. (b.)	Estimated to middle of 1894. (c.)	Registered Births. (d.)	Aged under 5 or over 5. (e.)	NEW CASES OF SICKNESS IN EACH LOCALITY, COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH. 1 Smallpox.	2 Scarlatina.	3 Diphtheria.	4 Membranous Croup.	5 Typhus. (Fevers.)	6 Enteric or Typhoid. (Fevers.)	7 Continued (Fevers.)	8 Relapsing (Fevers.)	9 Puerperal (Fevers.)	10 Cholera.	11 Erysipelas.	12	13	NUMBER OF SUCH CASES REMOVED FROM THEIR HOMES IN THE SEVERAL LOCALITIES FOR TREATMENT IN ISOLATION HOSPITAL. 1 Smallpox.	2 Scarlatina.	3 Diphtheria.	4 Membranous Croup.	5 Typhus. (Fevers.)	6 Enteric or Typhoid (Fevers.)	7 Continued (Fevers.)	8 Relapsing (Fevers.)	9 Puerperal (Fevers.)	10 Cholera.	11 Erysipelas.	12	13
Cramlington H.	5967	6000	195	Under 5		4									1														
				5 upwds.		4							1		4														
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TOTALS	5967	6000	195	Under 5		4									1														
				5 upwds.		4							1		4														

State here whether "Notification of Infectious Disease" is compulsory in the District No. Since when? — Besides the above-mentioned Diseases, insert in the columns with k headings the names of any that are notifiable in the District, and fill the columns accordingly. State here the name of the Isolation Hospital used by the sick of the District. Mark (H) the Locality in which Hospital is situated; and if not within the District, state where it is situated High Pit Cramlington

NOTES ON TABLE B.

(See also Notes on back of Table A.)

NOTE 1. The present *Table B.* is concerned with population, births, and sickness (not with mortality) in the district or division to which the Table relates.

2. As stated in the heading of Col. *(a)*, *Public Institutions* should be regarded as separate localities, and the new cases of sickness in them should be separately recorded. Workhouses, Hospitals, Infirmaries, Asylums, and other establishments into which numbers of people, and especially of sick people, are received, are Public Institutions for the purpose of these statistics.

3. *Comments on any unequal incidence of notifiable disease upon the several localities, and considerations as to the local incidence of consumption and other prevalent diseases, should be made in the text of the Report.*

W B & L (555u)—46214—10500-12-94